

Program Information

Contact:

Child's Name:

Date of Birth:

Parent(s) Name:

Today's Date:

*A program certified by the Massachusetts Department of Public Health*

**Prior Written Notice**

Massachusetts Early Intervention (EI) Programs must provide you with prior written notice (PWN) a reasonable time before proposing or refusing to begin or change the identification, evaluation, or placement of your child or make any change to your child's EI services. The program must allow you at least three (3) days to think about what is being proposed or refused before they ask for your consent. As a parent, you have the right to waive the three-day timeline and give your consent. This form is notice to let you know about the following: (check all that apply)

	Your child is eligible or continues to be eligible for Early Intervention services
	Your child is <b><u>not</u></b> eligible for Early Intervention services.
	The EI program is asking to have: <ul style="list-style-type: none"> <li><input type="checkbox"/> an initial Individualized Family Service Plan (IFSP) meeting</li> <li><input type="checkbox"/> an annual IFSP meeting</li> <li><input type="checkbox"/> a meeting to review the IFSP (IFSP Review Meeting)</li> </ul>
	A change in EI services that you requested for your child or family has been declined by the EI program
	EI services will end because your child no longer qualifies for services
	Other: (describe)
Reasons why the action(s) is being proposed or refused including the information used to make this decision (i.e. evaluation/assessment results, reports, records, etc):	

This notice includes a copy of the **Massachusetts Early Intervention and You** Family Rights Notice. The notice explains your right to file a complaint or request a mediation or hearing if you disagree with what the EI program has proposed or refused. If you have any questions please contact your service coordinator or the contact person listed on this form. You may also contact the Department of Public Health at the phone number listed on the Family Rights notice.

Parent Signature:

Date:

**Optional: I understand the above and agree that the activity(s) may occur before the 3-calendar-day prior written notice timeline.**

Parent Initials

